PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Michael S. Gzybowski **BUTZEL LONG** 350 South Main Street Suite 300 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Ann Arbor, MI 48104 Michael S. Gzybowski bull Solbor 2 June 13, 2007 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/506.490 09/02/2004 Kivofumi Fukasawa 06/14/2007210360071 00000034 123b76 10506490 TITLE OF INVENTION: YULCANIZABLE ADHESIVE COM POSITION 1400.00 DA 01 FC:1501 02 FC:1504 300.00 DA APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 06/14,2007 EXAMINER ART UNIT CLASS-SUBCLASS BUTTNER DAVID J. 1712 525-133000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. I BUTZEL LONG Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) NOK CORPORATION TOKYO, JAPAN Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🕡 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fec(s): 🛮 lssue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required see(s), or credit any overpayment, to Deposit Account Number 12-2136 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Tulo クロハーヘ Authorized Signature Date June 13, 2007 Typed or printed name Michael S. Gzybowski Registration No. 32,816

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 06/07) Approved for use through 06/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMER

TF	RANSMITTAL FORM rall correspondence after Initial		U.S are required to respond to a c Application Number Filing Date First Named Inventor Art Unit Examiner Name	September Kiyofumi F 1712 David But	Trademark Officionnation unless 10 11 12 13 14 15 16 16 17 17 17 17 17 17 17 17	use through 09/30/2007. OM ce: U.S. DEPARTMENT OF 6 ss it displays a valid OMB cou	COMMEDICE
Total Number of	of Pages in This Submission	<u> </u>		121038-0			
Amendm A Extension Express Informati Certified Documen Reply to Incompte	nemittal Form fee Attached fee Attached fee Attached feent/Reply for Final fidavits/declaration(s) for of Time Request Abandonment Request fon Disclosure Statement Copy of Priority fit(s) Missing Parts/ fite Application Reply to Missing Parts finder 37 CFR 1.52 or 1.53	F F F F F F F F F F F F F F F F F F F	Drawing(s) icensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Ferminal Disclaimer Request for Refund CD, Number of CD(s)	Address	Aft App of Ap (Ap (Ap (Ap (Ap (Ap (Ap (Ap (Ap (Ap	peal Communication to B Appeals and Interference peal Communication to T speal Notice, Brief, Repty B oprietary Information atus Letter ner Enclosure(s) (please low): see(s) Transmittal smittal	oard s C rief)
	SIGNA	TURE O	F APPLICANT, ATTO	ORNEY, C	OR AGENT	Γ	
Firm Name Signature Printed name	BUTZEL LONG Michael S. Garbareki	56)	hon				
Date	Michael S. Gzybowski June 13, 2007			Reg. No.	32,816		
I hereby certify the sufficient postage the date shown be signature	nat this correspondence is be as first class mall in an em	eina facsir	ATE OF TRANSMISS nile transmitted to the USP Iressed to: Commissioner f	TO or denos	LING	United States Postal Ser 0, Alexandria. VA 22313-	vice with 1450 on
Typed or printed	name Michael S. Gzybo	wski			Dai	le June 13, 2007	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paterit and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JUN 13

Under the Paperwork Re	eduction Act of 19	95 no pareona ara san		U.S. Pate	App ent and Trade	proved for use through mark Office; U.S. (PTO/SB/17 (06-0 ligh 06/32/2007, OMB 0651-00 DEPARTMENT OF COMMER			
(the	Effective on 12/08	22004	uirea to r	espond to a collect	ion of inform	ation unless it displa	ays a valid OMB control numb			
es pursuant to the Cor	Complete If Known									
》 FEE T	RAN:	SMITTA	1/	Application No		0/506,490				
	or FY		,	Filing Date		September 2, 20				
<u> </u>	First Named In	TAIL OR TOWN THE BILL								
Applicant claims s	Examiner Nan	ne [David Buttner							
TOTAL AMOUNT OF	Art Unit Attorney Dock		1712 121036-0071							
METHOD OF PAYM	ENT (check a	il that apply)			CE 140.	21030-0071				
Duncait A	in Card [Money Order								
Deposit Account	Deposit Accou	int Number: 12-2136	6	Deposit A	Account Nam	e: BUTZEL LO	ONG			
The above-to	eranieo deposit	account, the Direct	or is her	eby authorized to	o: (check a	ll that apply)				
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
		e(s) or underpaymer		e(s) 🗸 Cred	it anv overi	navments	-			
WARNING: Information or information and authoriza	this form move b		card inf	ormation should r	not be includ	led on this form. F	Provide credit card			
FEE CALCULATION		·					TOTAL COUNTERING			
1. BASIC FILING, SE	ARCH, AND FILING	EXAMINATION F		01)						
Application Type		Small Entity		CH FEES Small Entity	EXAMI	NATION FEES Small Entity				
Utility	Fee (\$)		Fee (\$)	Fee (\$)	<u>Fee (\$</u>	Fee (\$)	Fees Paid (\$)			
•	300	150	500	250	200	100				
Design Plant	200	100	100	50	130	65				
	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	. 0	0				
2. EXCESS CLAIM F Fee Description	EES						Small Entity			
Each claim over 20) (including R	leissues)				<u>Fee (\$)</u>	Fee (\$)			
Each independent	claim over 3 (including Reissue			50 200	25 100				
Multiple dependen	t claims					360	180			
Total Claims	Extra Clain	155 (4)	Fee	Paid (\$)		Multiple De	pendent Claims			
HP = highest number of to	otal claims paid fo	Xt	-			Fee (\$)	Fee Paid (\$)			
Indep. Claims	Extra Clain		Fee F	Paid (\$)						
- 3 or HP = HP = highest number of in	denendent claims	X =	-							
APPLICATION SIZ	FFFF									
If the specification at	nd drawings e	xceed 100 sheets	of pape	er (excluding e	lectronica	lly filed sequer	nce or commuter			
	~ 1.J_(C)).	. ale application si	ize tee	/MP 19 % 25/11 / W	175 towar	nall entity) for	nce or computer each additional 50			
Total Sheets	thereof. See Extra Shee	V.O.C. 4112181	KUTIM	nd 37 CFR 1.10 additional 50 or	(Ve)					
- 100		/50 =	OI COCII	(round up to a w	hole numb	<u>hereof</u> <u>Fee (</u> er) x	(\$) <u>Fee Paid (\$)</u>			
l. OTHER FEE(S) Non-English Speci	fication &1	3() fee (no amol)					Fees Paid (\$)			
Other (e.g., late fili	ng surcharge	Closus and Sate	mirk al	scount)						
	wa origing (Issue and Publicati	on Fee	3			1,700.00			
BMITTED BY	A15 11	mr								
nature	Wichau	LOCA hon	T RE	egistration No. torney/Agent) 32	2,816	Telephone	⁹ 734-995-3110			
ime (Print/Type) Michael	S. Gzybowski			,,		Date June				

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.